

State of New Jersey
Government Records Request
Receipt

Requestor Information

Jennifer Miller
New Jersey Herald
2 Spring Street
Newton, NJ 07860

jmillier@njherald.com
973-383-1230

Request Date: February 12, 2019

Maximum Authorized Cost: \$10.00

Email

Request Number: W142240

Request Status: Filled Closed

Ready Date: February 14, 2019

Custodian Contact Information
Health Facility Survey and Field Operations
Records Custodian

120 South Stockton Street

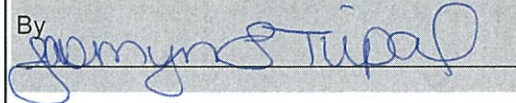
PO Box 367

Trenton, NJ 08625-0367

dlccustodian@doh.nj.gov

609-633-8981

By


Status of Your Request

Your request for government records (# W142240) from the Health Facility Survey and Field Operations has been reviewed and has been Filled Closed. Detailed information as to the availability of the documents you requested appear below and on following pages as necessary.

The cost and any balance due for this request is shown to the right. Any balance due must be paid in full prior to the release / mailing of the documents.

If you have any questions related to the disposition of this request please contact the Custodian of Records for the Health Facility Survey and Field Operations. The contact information is in the column to the right. Please reference your request number in any contact or correspondence.

Cost Information

Total Cost: \$0.00

Deposit: \$0.00

Total Amount Paid: \$0.00

Balance Due: \$0.00

Document Detail

Div	Doc #	Doc Name	Redaction Req	Pages	Legal Size	Electronic Media	Other Cost
LTC	240	Andover Subacute And Rehab II	Y		N	Y	
		Survey 3ZG011					

Date due: 2/22/2019. Completed, reviewed, and emailed to the requestor on 2/14/2019. A hardcopy of 12 pages can be purchased for \$0.60.

Your request for government records (# W142240) is as follows:

Receipt

Please email survey/inspection information # 3ZG011 from 10/29/2018 for Andover Subacute and Rehabilitation II, with the report not available online.

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315248	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2018
NAME OF FACILITY ANDOVER SUBACUTE AND REHAB II	STREET ADDRESS, CITY, STATE, ZIP CODE 99 MULFORD ROAD ANDOVER, NJ 07821	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	12/10/2018	LSC	12/10/2018	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/29/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061901	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2018
NAME OF FACILITY ANDOVER SUBACUTE AND REHAB II	STREET ADDRESS, CITY, STATE, ZIP CODE 99 MULFORD ROAD ANDOVER, NJ 07821	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S1680	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/10/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/29/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/29/2018
NAME OF PROVIDER OR SUPPLIER ANDOVER SUBACUTE AND REHAB II			STREET ADDRESS, CITY, STATE, ZIP CODE 99 MULFORD ROAD ANDOVER, NJ 07821		
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F 000	INITIAL COMMENTS Complaint # NJ 116331, NJ 116297 Census: 505 Sample Size: 5	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C# NJ 116331, NJ116297 Based on interviews, review of Medical Records (MR), and pertinent facility documents on 10/26/18 and 10/29/18, it was determined that the Facility's Nursing Staff failed to follow the Facility's Policy and Physician's Orders (PO) for the administration of treatments, as well as transcribe the PO correctly for 1 of 5 sampled residents (Resident #9). This deficient practice was evidenced by the following: 1. According to the "Admission Record" (AR) Resident #9 was admitted to the Facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED] [REDACTED] [REDACTED] According to the Minimum Data Set (MDS), an	F 658	1. Residents affected by the deficient practice: Resident's [REDACTED] was cleansed by [REDACTED] cleanser and corrected by using Normal Saline as ordered. Resident # 9 [REDACTED] was cleansed between the [REDACTED] [REDACTED] with Normal Saline, patted dry, Betadine gauze soaked (4 inches by 4 inches) and applied, covered with Kling. The TAR was corrected to reflect that the treatment should be administered daily and as needed. The TAR for the month of October 2018 was reviewed and corrected.	12/10/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/29/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 658	<p>Continued From page 1</p> <p>assessment tool dated [REDACTED] Resident # 9 had [REDACTED]</p> <p>The MDS also included documentation that Resident #9 required [REDACTED]</p> <p>A review of the Physician's Order dated 10/10/18 at 9:15 p.m., contained the following: [REDACTED]</p> <p>Review of Resident #9's Treatment Administration Record (TAR) undated, showed an order written as: [REDACTED]</p> <p>The TAR did not reflect that the treatment should be administered daily and as needed. It also did not specify to use Normal Saline as the cleansing agent.</p> <p>Further review of the Facility's TAR for October 2018, showed blanks on 10/27/18 and 10/28/18. In addition, a review of Resident;s #9 MR showed no documentation that the treatment to the [REDACTED] was administered on the above dates.</p> <p>During a tour with the Unit Manager (UM) on 10/29/18 at 10:25 a.m., the surveyor observed the UM during a treatment and dressing change. During the observation of the dressing change, the UM used [REDACTED] cleanser to clean Resident #9's [REDACTED] instead of normal saline.</p> <p>During an interview with the Unit Manager (UM), on 10/29/18 at 12:52 p.m., the UM stated: "Blanks on the (MAR) Medication Administration</p>	F 658	<p>2. Identify other residents who could be affected by the (alleged) deficient practice:</p> <p>All residents <input type="checkbox"/> on such treatments and medications could be affected by this practice.</p> <p>Residents who have [REDACTED] meds and/or treatments will be assessed weekly by the [REDACTED] Care Nurse.</p> <p>Physician <input type="checkbox"/>s orders will be checked daily for accuracy and continuity with the TARs.</p> <p>TARs will be signed by the wing nurses after treatment of care is rendered.</p> <p>3. Measure or systemic changes to ensure the deficiency will not reoccur:</p> <p>11-7 Nurses will be re-educated on 12/10/18 to check the physician <input type="checkbox"/>s orders daily for accuracy and continuity with the TARs.</p> <p>Wing nurses will be re-educated to sign their TARs after treatment is performed.</p> <p>4. Monitoring the effectiveness of the systemic change will be done starting December 1, 2018 until June 1, 2019:</p> <p>The [REDACTED] Care Nurse will review three (3) TARs on each wing for accuracy of and continuity of TARs with POSs.</p> <p>The [REDACTED] Care Nurse will review three (3) TARs on each wing for completion of</p>		

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F 658	Continued From page 2 Record and TAR means the nurse has not signed for the meds (medications) or treatment. In addition, the UM stated "they should be going through the book to make sure everything is signed for." During a post survey phone interview with the Director of Nursing (DON) on 11/2/18 at 12:44 p.m., the DON stated: "There were blanks on the TAR because the Resident could have refused the treatment or medication, but they should have circled it and written on the back for refusal." Post survey documentation by the DON verified that the TAR which was undated was for the month of October of 2018. Review of the Facility's Policy titled "Treatment Administration Record (TAR)" dated 10/21/16, under "Purpose" revealed the following: "To establish guidelines for administration of skin treatments, wound care, etc., and documentation within the facility." Under "Policy" "The Nursing staff shall provide safe and accurate treatments based on physician orders." Under "Procedure" #3: "Upon completion of the treatment, the nurse will sign the treatment book to indicate that treatment has been performed."	F 658	signatures. The QAPI Committee and QAPI Nurse will monitor the Wound Care Nurse's findings, starting December 1, 2018 until June 1, 2019.		
F 880 SS=D	N.J.A.C. 8:39-27.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and	F 880		12/10/18	

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F 880	<p>Continued From page 3</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the 	F 880			

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F 880	<p>Continued From page 4</p> <p>circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 116331, NJ 116297</p> <p>Based on observation, interviews, and review of pertinent facility documents on 10/26/18 and 10/29/18, it was determined that the facility staff failed to follow infection control guidelines, for Handwashing, to prevent infection after removal of a soiled dressing, when performing a treatment and dressing change for 1 of 5 sampled residents (Resident #9). This deficient practice was evidenced by the following:</p> <p>1. According to the "Admission Record (AR)" Resident #9 was admitted to the Facility on [REDACTED] with diagnoses which included but were</p>	F 880	<p>1. Residents affected by the deficient practice:</p> <p>The nurse who administered treatment to Resident # 9 was re-educated by the Infection Control Nurse to wash hands after taking off gloves and before applying clean gloves on December 4, 2018.</p> <p>2. Identify other residents who could be affected by the (alleged) deficient practice:</p> <p>All residents receiving treatment and medications could be affected by this practice and are at risk.</p>		

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F 880	<p>Continued From page 5</p> <p>not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #9 had [REDACTED]. The MDS included documentation that Resident #9 required [REDACTED]</p> <p>During a tour with the Unit Manager (UM) on 10/29/18 at 10:25 a.m., the surveyor observed the UM, during a treatment and dressing change. During the observation of the dressing change, the UM removed the soiled dressing from the [REDACTED], then removed his/her gloves. The surveyor then observed the UM applying clean gloves but the UM did not wash his/her hands prior to applying the clean gloves.</p> <p>During an interview on 10/29/18 at 12:52 p.m. the UM stated "I did not wash my hands between dirty and clean because there is a lot of [REDACTED] on the unit, and I would not take that chance to leave the supplies out."</p> <p>Review of the Facility's Policy titled "Treatment Procedure and Dressing Changes" dated 6/2012 revealed the following, under "Purpose: To safely change dressings on all residents as ordered using aseptic technique to prevent contamination."</p> <p>Under "Application of Wound Dressing - Basic Technique #9. Dispose of soiled dressing in disposable bag. Remove gloves without contaminating self. Dispose of in bag and wash hands."</p>	F 880	<p>3. Measure or systemic changes to ensure the deficiency will not reoccur:</p> <p>All Nursing staff shall be re-educated on 12/10/18 for correct handwashing procedures, including washing hands after taking off gloves and before applying clean gloves, prior to patient care.</p> <p>Continuous education on correct handwashing procedures will be ongoing.</p> <p>4. Monitoring the effectiveness of the systemic change will be done starting December 1, 2018 until June 1, 2019:</p> <p>The In-Service Nurse will randomly select six (6) nurses to observe that they are using correct technique to wash hands after taking off gloves and before applying clean gloves prior to providing care for all residents.</p> <p>QA Committee and QAPI Nurse will monitor the In-Service Nurse's findings, will be done starting December 1, 2018 until June 1, 2019.</p>		

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F 880	<p>Continued From page 6</p> <p>Review of a second Facility's Policy titled "Infection Control Orientation Outline" dated 4/2016, under section II, H; "Additional Infection Concepts" revealed the following:</p> <p>"1. Standard Precautions/transmission-based precautions protect employee/staff from acquiring transmissible diseases from the patient. 2. Principles of asepsis are designed to protect the patient from microorganisms from equipment/environment/caregiver. Clean technique-refers to practices that reduce the numbers of microorganisms to prevent or reduce transmission. 3. Patients are increasingly immunocompromised and require diligent protection from microorganisms due to increased risk and susceptibility. 4. Separation of clean and dirty procedures is paramount to the prevention of spread of microorganisms."</p> <p>NJAC 8:39-19.4 (6) (n)</p>	F 880			

New Jersey Department of Health

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S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		12/10/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

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11/29/18

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061901	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2018																																
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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: C# NJ 11633, NJ 116297</p> <p>Based on review of the Nurse Staffing Reports for the week of 10/14/2018, it was determined that the facility failed to provide at least minimum staffing levels for 1 of the 7 days. The required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 10/14/2018 Required Staffing Hours: 1,325.75</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>10/14/2018</td> <td>1256</td> <td>-69.75</td> </tr> </tbody> </table> <p>During an interview with the Certified Nursing Assistant (CNA), on 10/29/2018 at 1:30 p.m., the CNA stated that Resident's receive care and he/she is able to get the job done, but when they are short it takes a bit longer.</p> <p>During an interview with the Director of Nursing (DON) in the presence of the Administrator on 10/29/2018 at 2:25 p.m., the DON stated that there is a "crisis" with staffing. In addition, the DON explained that overtime has been offered to the current facility staff, sign on bonuses and referral bonuses has also been offered to attract</p>	Date	Actual Staffing Hours	Difference	10/14/2018	1256	-69.75	S1680	<p>1. The Nurse Staffing issue was addressed by placing ads in local area newspapers as well as online for full-time, part-time and weekend employment in Nursing. In addition, the facility has contacted nursing schools and distributed flyers indicating need for nurses and nursing aides.</p> <p>We have hired the following new employees in the Nursing Department:</p> <table border="1"> <tbody> <tr> <td>10/22/18</td> <td>1 CNA, 1 RN, 1 LPN</td> </tr> <tr> <td>11/01/18</td> <td>1 LPN</td> </tr> <tr> <td>11/05/18</td> <td>4 CNAs, 1 RN</td> </tr> <tr> <td>11/06/18</td> <td>1 RN</td> </tr> <tr> <td>11/18/18</td> <td>1 LPN</td> </tr> <tr> <td>11/19/18</td> <td>2 LPNs, 2 RNs, 4 CNAs</td> </tr> <tr> <td>11/26/18</td> <td>1 LPN</td> </tr> <tr> <td>Total:</td> <td>CNAs - 9</td> </tr> <tr> <td></td> <td>RNs - 5</td> </tr> <tr> <td></td> <td>LPNs - 6</td> </tr> <tr> <td></td> <td>--</td> </tr> <tr> <td></td> <td>20</td> </tr> <tr> <td></td> <td>==</td> </tr> </tbody> </table> <p>2. All residents may be affected by staffing shortage.</p>	10/22/18	1 CNA, 1 RN, 1 LPN	11/01/18	1 LPN	11/05/18	4 CNAs, 1 RN	11/06/18	1 RN	11/18/18	1 LPN	11/19/18	2 LPNs, 2 RNs, 4 CNAs	11/26/18	1 LPN	Total:	CNAs - 9		RNs - 5		LPNs - 6		--		20		==	
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New Jersey Department of Health

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S1680	Continued From page 2 new employees. A post survey email was sent by the facility's "Secretary- Employee Health Office," on 11/02/2018 at 12:53 p.m., the document included the following: "I've rechecked this report and those are the correct numbers, we had a staffing shortage on Sunday, October 14, 2018."	S1680	3. Measure or systemic changes to ensure the deficiency will not reoccur: Staff will be educated on 12/10/18 to give the Staffing reports daily to the Administrator and Director of Nursing, specifying the number of CNAs and professional nurses on each shift. Staffing will be according to the acuties of residents in-house, and facility will continue to staff according to State mandatory regulations. Facility continues to offer overtime, sign-on bonuses and referral bonuses to attract new employees and to maintain at least minimum staffing levels. 4. Monitoring the effectiveness of the systemic change will be done, starting December 1, 2018 until June 1, 2019: Staffing levels will be monitored through the staffing reports that are given to Administration and DON, starting December 1, 2018 until June 1, 2019. These reports will specify the number of CNAs and professional nurses on each shift. Staffing will be according to the acuties of residents in house. QAPI team will review monthly staffing – this monthly review is a continuous practice.	